FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		Office use only	
NAME OF COMMITTEE (in	(Check if name full) is changed)	e Example: If typying, type over the lines	12FE4M5	
Engel for Con	gress			
1				
ADDRESS (number and	street) 462 California Ro	ad		
(Check if addre	ess			
is changed)	Bronxville		NY 10708 - 1	
COMMITTEE'S E-MA	II ADDDESS	CITY▲	STATE▲ ZIP CODE ▲	
strategicserve				
COMMITTEE'S WER	PAGE ADDRESS (URL)			
COMMITTEES WEB	FAGE ADDRESS (ORL)		1	
			<del></del>	
COMMITTEE'S FAX N	IUMBER			
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2. DATE 1.0	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00236513		
4. IS THIS STATEM	NEW (N)	R AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer Arnold Linha	rdt		
Signature of Treasurer	Electronically Filed by <b>Arnold</b>	Linhardt	Date 03 / 22 / YYYYY	
NOTE: Submission of fa		may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.	
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530	ssion FEC FORM 1	